Case 19-10821-amc Doc 35 Filed 10/17/19 Entered 10/17/19 14:12:58 Desc Main Document Page 1 of 4

Fill	in this information to identify your o	case:					
Del	btor 1 Jacqueline	E. Neider					
	btor 2 puse, if filing)						
Uni	ited States Bankruptcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA				
Cas	se number 19-10821			Che	ck if this is:		
(If kr	nown)		-		An amended filing		
					A supplement showing postpetition 13 income as of the following date		
0	fficial Form 106I			Ī	MM / DD/ YYYY		
S	chedule I: Your Inc	ome				12/15	
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.	i are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your spouse ith you, do not include info	e is living with ormation abou	n you, include information abou it your spouse. If more space is	ut your s needed,	
_	Fill in view and a world						
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with	Employment status	■ Employed		☐ Employed		

■ Not employed

Giant Martin's

Part 2: Give Details About Monthly Income

information about additional

Include part-time, seasonal, or

Occupation may include student or homemaker, if it applies.

self-employed work.

employers.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Occupation

Employer's name

Employer's address

How long employed there?

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

			non-	filing spouse
2.	\$	2,237.94	\$	0.00
3.	+\$	0.00	+\$_	0.00
4.	\$	2,237.94	\$_	0.00

For Debtor 2 or

For Debtor 1

■ Not employed

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Jacqueline E. Neider	_	C	ase number (<i>if kr</i>	iown)	_19	9-10821		
					For Debtor 1			For Debtor		
	Cor	by line 4 here	4.	_	\$ 2,237	7.94		non-filing s	spouse 0.00)
5.	List	all payroll deductions:			, -		_			<u> </u>
٥.	5a.	Tax, Medicare, and Social Security deductions	5a.	,	\$ 416	6.67	• \$:	0.00	1
	5b.	Mandatory contributions for retirement plans	5b.			0.00	_	·	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		:	0.00	- :		0.00	
	5d.	Required repayments of retirement fund loans	5d.		: — `	0.00	- :		0.00	_
	5e.	Insurance	5e.			3.77		·	0.00	_
	5f.	Domestic support obligations	5f.			0.00		·	0.00	<u> </u>
	5g.	Union dues	5g.	9		0.00		; ———	0.00	_
	5h.	Other deductions. Specify:	5h.	+ 5		0.00	_	;	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,370).44	. \$	3	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	867	7.50	_ \$;	0.00)
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					_			_
	01	monthly net income.	8a.			0.00			0.00	
	8b.	Interest and dividends	8b.	;	\$ (0.00	_ \$	·	0.00	<u>)</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	(5 (0.00	. \$	t.	0.00	
	8d.	Unemployment compensation	8d.		: ———	0.00	_ :		0.00	_
	8e.	Social Security	8e.		·	0.00	_ '		759.92	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00			0.00	<u> </u>
	8g.	Pension or retirement income	8g.			0.00	_	·	0.00	<u>) </u>
	8h.	Other monthly income. Specify: tax refund	8h.				+ \$		0.00	_
		contribution from children		_	623	3.00	<u> </u>	·	0.00	<u>) </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	723	3.00	\$	·	759.9)2
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	S	1,590.50	+ \$;	759.92	= \$	2,350.42
11.	Incl othe Do	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depei					in <i>Schedul</i>	le J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies							\$	2,350.42
13.	Do	you expect an increase or decrease within the year after you file this form	1?						Combi	ined ly income
		No.								
		Yes. Explain: Debtor's non filing spouse is scheduled to start Based on an anticipated 15 hour work week, his \$400.00.								

Official Form 106l Schedule I: Your Income page 2

Case 19-10821-amc Doc 35 Filed 10/17/19 Entered 10/17/19 14:12:58 Desc Main Document Page 3 of 4

Fill	in this informat	ion to identify yo	our case:					
Deb	tor 1	Jacqueline E	E. Neider				k if this is: An amended filing	
Deb	tor 2					_	ŭ	ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankru	uptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA	<u> </u>	MM / DD / YYYY	
	e number 19	-10821						
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	ises				12/15
info	rmation. If me		eded, atta	. If two married people ar ch another sheet to this n.				
Par		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to		in a senar	ate household?				
	□ 103. D00.		iii a sepai	ate nousenoia:				
	=		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debte	or 2.	
2.	Do you have	dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents r	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
_	_							☐ Yes
3.	expenses of	enses include people other t I your depende	han $_{m \Box}$	No Yes				
exp	imate your ex	ate Your Ongoi penses as of yo date after the l	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed the second	orm as a sup J, check the	oplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
the		assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Your exp	enses
4.		r home owners d any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		607.81
	If not includ	ed in line 4:						
		state taxes				12 °C		0.00
		state taxes 'ty, homeowner's	s. or renter	's insurance		4a. \$ 4b. \$		0.00
	•	•		ıpkeep expenses		4c. \$		50.00
		owner's associa	•			4d. \$		0.00
5.	Additional n	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Case 19-10821-amc Doc 35 Filed 10/17/19 Entered 10/17/19 14:12:58 Desc Main Document Page 4 of 4

Debtor 1	Jacqueline E. Neider	Case numl	per (if known)	19-10821				
6. Utili 1	iae:							
6a.	Electricity, heat, natural gas	6a.	\$	225.00				
6b.	Water, sewer, garbage collection	6b.	·	75.00				
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	175.00				
6d.	Other. Specify:	6d.	:	0.00				
	d and housekeeping supplies	— 7.	\$	475.00				
	dcare and children's education costs	8.	\$	0.00				
	hing, laundry, and dry cleaning	9.	\$	100.00				
	onal care products and services	9. 10.	·					
	ical and dental expenses	11.	·	50.00				
	sportation. Include gas, maintenance, bus or train fare.	11.	Ψ	75.00				
	ot include car payments.	12.	\$	200.00				
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	25.00				
	ritable contributions and religious donations	14.		0.00				
5. Insu	<u> </u>	17.	Ψ	0.00				
	ot include insurance deducted from your pay or included in lines 4 or 20.							
	Life insurance	15a.	\$	0.00				
	Health insurance	15b.	·	75.00				
	Vehicle insurance	15c.	*	0.00				
	Other insurance. Specify:	15d.	*	0.00				
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			0.00				
Spec		16.	\$	0.00				
	Illment or lease payments:							
	Car payments for Vehicle 1	17a.	·	0.00				
17b.	Car payments for Vehicle 2	17b.	\$	0.00				
17c.	Other. Specify:	17c.	\$	0.00				
17d.	Other. Specify:	17d.	\$	0.00				
	payments of alimony, maintenance, and support that you did not report as		•	0.00				
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.						
	r payments you make to support others who do not live with you.		\$	0.00				
Spec	·	19.						
	er real property expenses not included in lines 4 or 5 of this form or on Scheo			0.00				
	Mortgages on other property	20a.		0.00				
	Real estate taxes	20b.	·	0.00				
	Property, homeowner's, or renter's insurance	20c.	·	0.00				
	Maintenance, repair, and upkeep expenses	20d.	·	0.00				
	Homeowner's association or condominium dues	20e.	·	0.00				
. Othe	r: Specify:	21.	+\$	0.00				
2. Calc	ulate your monthly expenses							
	Add lines 4 through 21.		\$	2,132.81				
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$					
	Add line 22a and 22b. The result is your monthly expenses.		\$	2,132.81				
220.	naa iino 22a ana 22b. Tho tosak is your monthly expenses.		Ψ	2,132.01				
3. Calc	ulate your monthly net income.	,						
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,350.42				
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,132.81				
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	217.61				
	The result is your monthly net income.	200.	T					
4. Do v	Do you expect an increase or decrease in your expenses within the year after you file this form?							
For e	xample, do you expect to finish paying for your car loan within the year or do you expect your			ease or decrease because of a				
modif	ication to the terms of your mortgage?							
■ N	0.							
ΠY	es. Explain here:							